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DUR DIGEST

The Bulletin of Medicaid Drug Utilization Review (DUR) in Ohio FFS

Introduction to Change Healthcare

Change Healthcare is the pharmacy benefit administrator for the Ohio Department of Medicaid. Our role is to manage and coordinate the Ohio Medicaid Fee-for-Service (FFS) claims processing and prior authorization determination activity. Change Healthcare is also delegated to administer the Drug Utilization Review (DUR) program for the Ohio Medicaid FFS population.

Opioids Above 400 Morphine Equivalent Doses (MED) Per Day

Purpose

The purpose of this intervention is to notify prescribers of patients under their care who are taking more than 400 MED of opioids per day.

Intervention Criteria

Intervention patients were identified by performing a query of pharmacy claims for opioid(s) in the past 90 days. The Ohio State Board of Pharmacy oral morphine equivalent conversion table was used to convert the opioid milligram-per-day to MED-per-day for the claims queried.[1] Members consuming greater than 400 MED per day were identified based on the above calculations and their prescribers were notified.

Intervention Goals

The goal of the intervention is to provide education and increase prescriber awareness of patients under their care who are filling prescriptions for opioids in excess of 400 MED. Prescribers were asked to consider integrating non-pharmacologic options, as well as non-opioid medications into a multidisciplinary treatment strategy. Prescribers were also asked to determine if an opioid taper, a pain management referral, or palliative care would be suitable possibilities for their patients.

Background and Standards of Clinical Practice[2,3]

Chronic pain

Opioids are generally the drugs of choice for the treatment of severe, chronic, cancer pain. Using opioids to treat chronic, non-cancer pain is controversial. Guidelines are available to help direct the treatment of chronic, non-cancer pain.[4,5] Generally, prescribers should consider opioid therapy only if the expected benefits for both pain and function are anticipated to outweigh risks to the patient. If opioids are used, they should be combined with non-pharmacologic therapy and nonopioid pharmacologic therapy, as appropriate.[6] Therapy should start with immediate-release opioids and the lowest effective dosage should be prescribed.[6] Finally, non-pharmacologic and non-opioid pharmacologic therapies are effective for many types of chronic pain.[6]

Non-Pharmacological Treatment:

- Cognitive behavioral therapy, mindfulness, coaching, patient education and physical therapy
- Ice, heat, positioning, bracing, wrapping, splints, stretching and directed exercise often available through physical therapy
- Acupuncture/acupressure, chiropractic adjustment, manipulation, and osteopathic neuromuscular care.

Non-Opioid Pharmacologic Treatment:

- Acetaminophen
- Salicylates
- Non-steroidal anti-inflammatory drugs (NSAIDs)
- Corticosteroids
- Gabapentin/pregabalin
- Serotonin and norepinephrine reuptake inhibitors
- Tricyclic antidepressants

Medication Assisted Therapy (MAT) Concurrent with Opioids

Purpose

The purpose of this intervention is to notify prescribers of patients under their care who are taking MAT medications (i.e. buprenorphine, buprenorphine/naloxone) along with an opioid. While patients are working on sobriety, it is important for prescribers to consider concurrent medication use.

Intervention Criteria

Intervention patients were identified by performing a query of patients with a pharmacy claim for a MAT medication along with any claim for an opioid medication in the past 90 days.

Intervention Goals

The goal of the intervention is to ensure that patients are receiving appropriate care. By educating and providing awareness, the provider was asked to discontinue the opioid medication and to consider alternate therapies.

FDA Drug Safety Communication Second Quarter 2018[7]

April 25th, 2018 the U.S. Food and Drug Administration (FDA) is warning that **lamotrigine** (Lamictal) can cause a rare but serious reaction that excessively activates the body's infection-fighting immune system. The immune system reaction is called hemophagocytic lymphohistiocytosis (HLH) which presents as a persistent fever (> 101˚F) and can lead to severe problems with blood cells and organs such as liver, kidneys, and lungs.[5]Healthcare professionals should evaluate patients who develop fever or rash promptly, and discontinue lamotrigine if HLH or another serious immune-related adverse reaction is suspected and an alternative etiology for the signs and symptoms cannot be established.

May 18th, 2018 the U.S. FDA is alerting the public that serious cases of neural tube birth defects involving the brain, spine, and spinal cord have been reported in babies born to women treated with **dolutegravir** (Tivicay®) used to treat human immunodeficiency virus (HIV). Dolutegravir works by blocking integrase, an HIV enzyme, to prevent the virus from multiplying and can reduce the amount of HIV in the body. Approved in 2013, dolutegravir has been on the market for five years, and is available as a single ingredient product as a fixed dose combination tablet with other HIV medicines under the brand names Juluca and Triumeq®.

May 23, 2018 the U.S. FDA is warning that over-the-counter (OTC) oral drug products containing **benzocaine** should not be used to treat infants and children younger than 2 years of age. Benzocaine oral drug products should only be used in adults and children 2 years and older. These products carry serious risks and provide little to no benefits for treating oral pain, including sore gums in infants due to teething. Benzocaine, a local anesthetic, can cause a condition in which the amount of oxygen carried through the blood is greatly reduced. This condition, called methemoglobinemia, can be life-threatening and result in death. Due to the significant safety risk of methemoglobinemia, the FDA urged manufacturers to stop marketing OTC oral drug products for the treatment of teething in infants and children younger than 2 years. If companies do not comply, the FDA will act to remove these products from the market.

References

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2. Opioids for Pain. Med Lett Drugs Ther. 2018 Apr 9;60(1544):57-64.
3. Nonopioid Drugs for Pain. Med Lett Drugs Ther. 2018 Feb 12;60(1540):24-32.
4. D Dowell et al. CDC guideline for prescribing opioids for chronic pain – United States, 2016. MMWR Recomm Rep 2016; 65:1.
5. L Manchikanti et al. Responsible, safe, and effective prescription of opioids for chronic non-cancer pain: American Society of Interventional Pain Physicians (ASIPP) guidelines. Pain Physician 2017; 20(2S):S3.
6. Washington State Agency Medical Director's Group. Interagency Guidelines on Prescribing Opioids for Pain. Available at: http://www.agencymeddirectors.wa.gov/files/2015amdgopioidguideline.pdf. Accessed June 27th, 2018.
7. Food and Drug Administration. 2018 Drug Safety Communications. Available at: https://www.fda.gov/Drugs/DrugSafety/ucm605470.htm Accessed June 27th, 2018.

Ohio
Department of Medicaid
John R. Kasich, Governor
Barbara R. Sears, Director

Preferred Drug List (PDL) Changes

P&T Meeting Date: April 11th, 2018

PDL Changes Effective Date: July 1st, 2018

NEW PREFERRED DRUGS	
THERAPEUTIC CLASS	**PREFERRED STATUS**
Infectious Disease Agents: Antivirals- HIV	Symfi Lo™ (efavirenz, lamivudine and tenofovir disoproxil); Cimduo™ (lamivudine and tenofovir disproxil)
Blood Formation, Coagulation, and Thrombosis Agents: Hemophilia	Hemlibra® (emicizumab-kxwh)†
Central Nervous System (CNS) Agents: Medication Assisted Treatment of Opioid Addiction	Sublocade™ (buprenorphine) †

† Clinical PA required

NEW NON-PREFERRED DRUGS	
THERAPEUTIC CLASS	**NON-PREFERRED STATUS**
Analgesic Agents: Gout	Duzallo® (lesinuarad-allopurinol)
Blood Formation, Coagulation, and Thrombosis Agents: Hemophilia	Rebinyn® (coagulation factor IX)
Cardiovascular Agents: Angina, Hypertension, and Heart Failure	Carospir® (spironolactone)
Central Nervous System (CNS) Agents: Attention Deficit Hyperactivity Disorder	Cotempla XR-ODT™ (methylphenidate)
Central Nervous System (CNS) Agents: Neuropathic Pain	Lyrica® CR (pregabalin)
Endocrine Agents: Diabetes	Ozempic® (semaglutide)
Endocrine Agents: Diabetes-Insulin	Admelog® (insulin lispro)
Endocrine Agents: Diabetes-Oral Hypoglycemics	Steglatro™ (ertugliflozin); Qtern® (dapaglifozin-saxagliptin)
Infectious Disease Agents: Antibiotics-Quinolones	Baxdela™ (delafloxacin)
Infectious Disease Agents: Antivirals-HIV	Juluca (dolutegravir-rilpivirine)
Ophthalmic Agents: Glaucoma	Vyzulta™ (latanoprostene bunod)

CHANGES IN CRITERIA	
THERAPEUTIC CLASS	**SUMMARY OF CHANGE**
Analgesic Agents: Opioids	Payment limits for Short-acting Opioids: • **Maximum of 30 MED per prescription** • **New patients are defined as having less than a 1-day supply of opioids in the previous 90 days**

For additional details, the Preferred Drug List (PDL) and clinical criteria can be found at:
http://pharmacy.medicaid.ohio.gov/drug-coverage